

## Managing General Agency Appointment/Cancellation

The following is an appointment/cancellation of a Managing General Agency, done pursuant to Section 500.1411(e) of the Michigan Insurance Code. I, the appointing/cancelling authority for the insurance company appointing or cancelling this agency, am familiar with all the requirements of the Managing General Agency Act (Chapter 14 of the Michigan Insurance Code) and will assure that the Company and its Managing General Agency will comply with its provisions.

**THIS FORM IS TO BE COMPLETED BY THE APPOINTING OR CANCELLING INSURANCE COMPANY ONLY.**

**IF YOU APPOINT AN AGENCY, YOU MUST ALSO APPOINT AN AGENT WITHIN THAT AGENCY.**

**USE FORM FIS 0242 TO APPOINT AN AGENT AS MANAGING GENERAL AGENT.**

NAME OF MANAGING GENERAL AGENCY  MAILING ADDRESS _____ _____	<input type="checkbox"/> APPOINTMENT  <input type="checkbox"/> CANCELLATION
MANAGING GENERAL AGENCY'S FEDERAL EMPLOYER ID NUMBER (FEIN)	EFFECTIVE DATE
<b>QUALIFICATION</b> <input type="checkbox"/> LIFE <input type="checkbox"/> ACCIDENT AND HEALTH <input type="checkbox"/> MULTIPLE LINES (Property and Casualty)	<input type="checkbox"/> RESIDENT <input type="checkbox"/> NONRESIDENT
<b>STATEMENT OF DUTIES THE MANAGING GENERAL AGENCY IS EXPECTED TO PERFORM ON BEHALF OF THE INSURER:</b> _____ _____ _____ _____ _____ _____	

PLEASE PRINT	
Name and Complete Address, City, State, ZIP          <div style="text-align: center; margin-top: 10px;">           ENTER THE APPOINTING INSURANCE COMPANY'S NAIC #  <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin: 2px;"></div> </div>	<div style="text-align: center; margin-top: 20px;"> </div> Signature _____  Name and Title (Please Print) _____  Date Signed _____  Phone Number _____

When complete, please send to

OFIS Licensing  
PO Box 23127  
Lansing, MI 48909-3127

OR

overnight to

Promissor/OFIS  
6920 South Cedar, Suite 6  
Lansing, MI 48911-6924

Our web site address is  
<http://michigan.gov/ofis>

Our toll free phone number is  
1-877-999-6442

